



1765  
1763

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	7	Application No.	10/025,442
		Filing Date	December 18, 2001
		First Named Inventor	KEVIN M. MUKAI
		Group Art Unit	1763
		Examiner Name	Karla A. Moore
		Attorney Docket Number	4887P503

GROUP 1700

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### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Return receipt postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> PTO/SB/08		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	William Thomas Babbitt, Reg. No. 39,591  BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	9/8/03

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Nedy Calderon
Signature	
Date	September 8, 2003

Based on PTO/SB/21 (03-03) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 08/11/2003.  
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# FEET TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT** (\$)  
**0.00**

*Complete if Known*

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## METHOD OF PAYMENT (check all that apply)

Check     Credit card     Money Order     Other     None  
 Deposit Account

Deposit Account Number  
**02-2666**

Deposit Account Name  
**Blakely, Sokoloff, Taylor & Zafman LLP**

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below     Credit any overpayments  
 Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity		Small Entity		FeePaid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1001	750	2001	375	Utility filing fee
1002	330	2002	165	Design filing fee
1003	520	2003	260	Plant filing fee
1004	750	2004	375	Reissue filing fee
1005	160	2005	80	Provisional filing fee
<b>SUBTOTAL (1)</b>		<b>(\$)</b>		

### 2. EXTRA CLAIM FEES

Total Claims	5	- 20*	= 0	X 18.00	= \$0.00	FeePaid
Independent Claims	1	- 3**	= 0	X 84.00	= \$0.00	

Multiple Dependent

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple Dependent claim, if not paid
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>		<b>(\$)</b>		<b>0.00</b>

\*or number previously paid, if greater. For Reissues, see below

### 3. ADDITIONAL FEES

Large Entity	Fee Code	Fee (\$)	Small Entity	Fee Code	Fee (\$)	Fee Description	FeePaid
	1051	130		2051	65	Surcharge - late filing fee or oath	
	1052	50		2052	25	Surcharge - late provisional filing fee or cover sheet	
	2053	130		2053	130	Non-English specification	
	1812	2,520		1812	2,520	For filing a request for ex parte reexamination	
	1804	920 *		1804	920 *	Requesting publication of SIR prior to Examiner action	
	1805	1,840 *		1805	1,840 *	Requesting publication of SIR after Examiner action	
	1251	110		2251	55	Extension for reply within first month	
	1252	410		2252	205	Extension for reply within second month	
	1253	930		2253	465	Extension for reply within third month	
	1254	1,450		2254	725	Extension for reply within fourth month	
	1255	1,970		2255	985	Extension for reply within fifth month	
	1404	320		2401	160	Notice of Appeal	
	1402	320		2402	160	Filing a brief in support of an appeal	
	1403	280		2403	140	Request for oral hearing	
	1451	1,510		2451	1,510	Petition to institute a public use proceeding	
	1452	110		2452	55	Petition to revive - unavoidable	
	1453	1,300		2453	650	Petition to revive - unintentional	
	1501	1,300		2501	650	Utility issue fee (or reissue)	
	1502	470		2502	235	Design issue fee	
	1503	630		2503	315	Plant issue fee	
	1460	130		2460	130	Petitions to the Commissioner	
	1807	50		1807	50	Prosessing fee under 37 CFR 1.17(q)	
	1806	180		1806	180	Submission of Information Disclosure Stmt	
	8021	40		8021	40	Recording each patent assignment per property (times number of properties)	
	1809	750		1809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
	1810	750		2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
	1801	750		2801	375	Request for Continued Examination (RCE)	
	1802	900		1802	900	Request for expedited examination of a design application	
Other fee (specify)							

\* Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)**

**(\$)**

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	William Thomas Babbitt	Registration No. (Attorney/Agent)	39,591	Telephone	(310) 207-3800
Signature	<i>William T. Babbitt</i>			Date	9/8/03

Based on PTO/SB/17 (08-03) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 08/11/2003.  
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